

Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

AACE

American Association of
Clinical Endocrinologists
Ohio River Regional Chapter

ADA

American Diabetes
Association

DECA

Diabetes Educators
Cincinnati Area

GLADE

Greater Louisville Association
of Diabetes Educators

JDRF

Juvenile Diabetes Research
Foundation International

KADE

Kentucky Association of
Diabetes Educators

KEC

Kentuckiana Endocrine Club

KDN

Kentucky Diabetes
Network, Inc.

KDPCP

Kentucky Diabetes Prevention
and Control Program

TRADE

Tri-State Association of
Diabetes Educators

A Message from Kentucky Diabetes Partners

Governor Beshear Appoints KY Diabetes Educator Licensure Board

Kentucky is the first state in the nation to pass legislation to form a diabetes educator licensure board. Governor Steve Beshear recently made appointments of key individuals who will serve on the first ever Kentucky Board of Diabetes Educators. The individuals appointed, who they represent, and their board terms are noted below.

Mehdi Poorkay, of Louisville, is a physician and endocrinologist at Norton Health Care. He represents licensed medical physicians with experience in the delivery of diabetes education.

Poorkay shall serve for a term expiring November 3, 2013.

Kimberly Coy DeCoste, of Richmond, is a registered nurse and certified diabetes educator for the Madison County Health Department. She represents registered nurses with experience in diabetes education. DeCoste shall serve for a term expiring November 3, 2014.

Carrie L. Isaacs, of Lexington, is a pharmacist and assistant professor at the University of Kentucky College of Pharmacy. She represents pharmacists experienced in diabetes education. Isaacs shall serve for a term expiring November 3, 2014.

Carolyn L. Dennis, of Georgetown, is a public health advocate and consultant. She represents licensed dietitians and certified nutritionists with experience in diabetes education. Dennis shall serve for a term expiring November 3, 2015.

Lawrence T. Smith, of Lexington, is a consultant at Smith Market Research. He represents citizens at large. Smith shall serve for a term expiring November 3, 2015.

Congratulations to the New KY Board of Diabetes Educators!

See related article on p. 2.



Dr. Mehdi Poorkay



Kim Coy DeCoste



Carrie Isaacs



Carolyn Dennis



*Lawrence (Larry)
Smith*

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AND MORE!

KENTUCKY DIABETES EDUCATOR LICENSURE BOARD

Submitted by: Bob Babbage, Bob@BabbageCofounder.com



Bob Babbage

Hopefully when you read this newsletter, Kentucky will have a new board, named by Governor Steve Beshear, to set the framework for Diabetes Educator licensure.

Five distinguished Kentuckians, nominated by their professions, will represent nursing, pharmacy, dietetics and medicine. Another will fill the important role of concerned citizen.

All indications point toward an excellent group. Once announced, they will take the state *Oath of Office*, swearing that they have never fought a duel with deadly weapons, as well as to uphold the 1891 constitution.

Then the hard work begins. Boards like this find the assignment front-end loaded, since they must create a new body of regulations for an essential field of endeavor.

The Diabetes Educator Licensure Board will be under the Cabinet for Public Protection, since Diabetes Educators protect patients in many ways, primarily from aspects of a challenging disease along with providing reliable, life-improving guidance.

The Cabinet has an excellent secretary, a solid team of professionals, and a smart structure to assist. Additionally, the Attorney General provides counsel.

Already national leaders in the field have offered support. Executives of the American Association of Diabetes Educators, CEO Lana Vukovljak and Martha Rinker, national government affairs director, are personally committed to Kentucky's success.

The Commonwealth passed the licensure measure this year, the first law of its kind in the country. Setting the standards for licensure now falls to this new board.

Once the board develops and approves regulations, these regulations will go through an approval process which includes a hearing and approval by a legislative committee (via a forum where anyone may attend and comment).

Once official in 2012, professionals may go through the licensure process to join this critical work, so essential in the expanding effort to curb, contain and cure diabetes.

DIABETES DAY AT THE CAPITOL SAVE THIS DATE!

FEBRUARY 9, 2012

Who Should Come?

Anyone interested in the prevention or control of diabetes in Kentucky

What?

Advocacy training and visits with your legislators

Where?

State Capitol in Frankfort, Kentucky

Sponsored By:

The Kentucky Diabetes Network (KDN) and partners including the

- American Diabetes Association
- KY Coordinating Body of the American Association of Diabetes Educators (AADE)
- Kentuckiana Juvenile Diabetes Research Foundation

For More Information:

Contact Nancy Walker at nancy.walker@grdhd.org

NEW POSITION STATEMENT FROM ADA



New ADA Position Statement: *Diabetes Care for Emerging Adults—Recommendations for Transition from Pediatric to Adult Diabetes Care Systems*

A newly developed ADA position statement recommends that pediatric health care providers should start preparing teenagers with diabetes and their families for transition to an adult diabetes provider at least 1 year before they actually switch. During childhood and adolescence, there is a gradual shift from diabetes care supervised by parents and other adults to self-care management. The actual change from pediatric to adult health care providers signals a more abrupt change that requires preparation by patients, their families, and their health care providers.

This new ADA position statement is a result of the ADA Transitions Working Group, which includes representatives of the American Academy of Pediatrics, American Association of Clinical Endocrinologists, Endocrine Society, Pediatric Endocrine Society, and other associations. A multidisciplinary group of experts—including DDT leaders—and people with diabetes reviewed the issues related to the transition from pediatric to adult care that affect health care professionals as well as people with diabetes.

The position statement focuses on people aged 18-30 years, described as "emerging adults," and includes people with type 1 and type 2 diabetes. Eight areas relevant to people in this age group are addressed, including differences between pediatric and adult diabetes care; poor glycemic control and other risk factors; loss to follow-up; increased risk of acute complications; psychosocial issues; sexual and reproductive health issues; alcohol, smoking, and drug abuse; and emergence of signs of chronic diabetes complications.

To read the full position statement, go to: <http://care.diabetesjournals.org/content/34/11/2477.full>
Source: Peters, A. *Diabetes Care*. 2011 Nov; (34) 11):2477-85.

Taken in part from an ADA press release.

KENTUCKY FEDERALLY QUALIFIED HEALTH CENTERS TO RECEIVE FUNDING



Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration

With support from the Affordable Care Act, 500 Federally Qualified Health Centers (FQHCs) in 44 States across the country will receive approximately \$42 million over three years to improve the coordination and quality of care they deliver to people with Medicare and other patients.

The sites in Kentucky to receive funding include:

- Cumberland Family Medical Center (*in Columbia, Albany, and Burkesville*)
- HealthPoint Family Care, Inc. (*in Bellevue and Latonia*)
- Juniper Health, Inc. (*in Jackson and Beattyville*)

Under this Advanced Primary Care Practice demonstration, Medicare will pay community health centers based on the quality of care they deliver. This improved payment system will reward clinics for such things as helping patients manage chronic conditions like **diabetes** or high blood pressure.

The demonstration will be conducted from November 1, 2011 through October 31, 2014. Participating health centers will be paid a monthly fee for each eligible person with Medicare that receives primary care services. The CMS Center for Medicare and Medicaid Innovation (Innovation Center) and the Health Resources Services Administration (HRSA) will provide technical assistance to help participating FQHCs throughout the demonstration.

More information on the Advanced Primary Care Practice demonstration project, including a fact sheet and a list of participating health centers, can be found at: <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/fqhc/>.

DR. POHL'S COLUMN

BOTTOMING OUT



Stephen L. Pohl, MD
slpohl@insightbb.com

Submitted by: Stephen Pohl, MD, Endocrinologist, Lexington, KY, KDN, ADA and AACE member

In my last article, I pointed out that hypoglycemia limits how aggressively we can treat diabetes and that helping patients cope with hypoglycemia is among the most challenging

aspects of diabetes care. I also made a case that low blood sugars per se rarely cause death or permanent injury but, nevertheless, should be avoided. I discussed briefly some newer concepts including severe hypoglycemia, impaired glucose counter regulation, hypoglycemia unawareness, and pseudo hypoglycemia. The purpose of this article is to describe some of the practical techniques that I used to deal with low blood sugars in practice.

Reassurance is a very useful strategy for dealing with hypoglycemia.

Many patients acquire a belief that they are at grave risk of dying or turning into a vegetable from a low blood sugar episode. This belief can be so bad that the patient has a sense of futility. "Why try to control my diabetes when I am going to die young anyway from low blood sugar?" I always tried to let patients know that life is full of risks, and there are things like automobile crashes that are much more threatening to them than hypoglycemia. I cited my experience which is that, of the many thousands of patients with diabetes I treated, none died or suffered permanent brain damage solely as a result of hypoglycemia. I tried to get across the idea that hypoglycemia is a terrible nuisance and something to avoid, if possible, but it is something they can live with.

A bit of history can be useful. From about 1930 to the early 1960's insulin coma therapy (ICT) was widely used for treatment of schizophrenia and other severe psychiatric disorders.

In fact, the brilliant mathematician John Nash, subject of the movie "*A Beautiful Mind*", was treated with ICT. The procedure involved injecting insulin in doses large enough to induce coma, often with convulsions. The comatose state was allowed to persist for two hours or more before termination with glucose through a nasogastric tube or intravenous infusion. Treatments were usually performed daily for about two months. A team of doctors and nurses administered ICT to groups of patients in large wards specifically outfitted for the procedure. The literature is understandably a little vague regarding the complications of ICT, but apparently the mortality and morbidity rates were acceptable. Upon hearing this story, patients at risk for low blood sugar sometimes decide their lot in life is not so bad after all. Even under circumstances that we now consider barbaric, it is hard to die from too much insulin. To commit suicide or murder, choose something else. An interesting footnote: A well described side effect of ICT was extreme hunger after awakening. Patients often became very obese.

Taking a good history is vitally important in dealing with hypoglycemia.

Usually this simply means listening patiently rather than launching an orange juice and peanut butter lecture when the subject comes up. Low blood sugar episodes are a surprisingly intense and personal experience for many patients. All kinds of emotions, e.g. anger, fear, guilt, and embarrassment, come up. I often felt that I did not really have a patient's trust until I had heard his or her individual story. It is also important to assess the nature of the problem. The needs of a patient who is deathly afraid of low blood sugar but has never actually had it are very different from the needs of a patient who can't leave home because of frequent severe insulin reactions.

Late in my career, a case impressed me with the importance of taking a good history. The patient was a young woman using an insulin pump who called me almost daily because of severe low blood sugars. Although not a health professional, she worked for a doctor; so, I assumed she knew what she was doing and was following her treatment plan. She described passing out at random times with no warning symptoms. Her husband was at wits end treating his unconscious wife who frequently appeared near death. At the end of each of her phone calls I gave her

DR. POHL'S COLUMN (CONTINUED)

instructions to decrease her insulin pump settings. An insulin pump delivers a continuous trickle of insulin called the basal rate. The pump can also deliver a pulse, a bolus, of insulin before each meal and a corrective bolus to lower a high self-measured blood sugar. The basal rate and the boluses are collectively called the pump settings and are under the control of the user.

Mostly, I instructed this patient to lower her basal rate. Unfortunately, the situation got noticeably worse with each round of cuts in the pump settings. As we approached the point of turning the pump off, one of my partners suggested we interrogate the pump. Insulin pumps contain a memory that records all basal rates and meal and corrective boluses over a period of weeks. These data can be downloaded and analyzed on a computer. What we found was that she was doing her basal rates and meal time boluses as recommended, but there were countless corrective boluses.

It turned out that she was so concerned about high blood sugars that she was checking herself as often as every ten minutes and giving a corrective bolus for each high blood sugar. Since a bolus of insulin raises insulin levels in blood over a period of about two hours, all these extra boluses were piling up until her blood sugar crashed. A few minutes of counseling straightened out this whole situation.

Spending the time to talk to this patient in detail about what she was doing with her pump could have spared her and her husband much suffering and, in the long run, saved me time.

Fortunately, technology, a cause of our distress, in the end bailed us out. The case is also a graphic example of a phenomenon I call “chasing your tail,” the subject of my next article.

To conclude this article, I would like to change gears and make some points about hypoglycemia in type 2 diabetes. Compared to type 1, low blood sugars are uncommon among patients with type 2. When they occur, they are usually mild and easily controlled with sugar containing food or beverages. They can usually be eliminated with medication changes. Although hypoglycemia is a listed side effect of all diabetes drugs, the major culprits are insulin and sulfonylureas. Some drugs rarely, if ever, cause hypoglycemia unless used in combination with insulin or a sulfonylurea. These include metformin and

thiazoladinediones. Information about hypoglycemia associated with diabetes drugs, including those not listed here, is readily available on the internet.

There is an important exception to my generality about mildness of hypoglycemia in type 2. Occasional elderly, very ill, poorly nourished patients present to the hospital with profound hypoglycemia that is prolonged and difficult to treat.

Without exception, such patients I saw had been taking sulfonylureas despite a major decline in general health, often with renal failure. The problem can also develop in the hospital. At one time, I encountered several such cases yearly. In general oral diabetes drugs, particularly sulfonylureas, have no place in acutely ill patients, elderly patients with “the dwindles,” or in the hospital. When used, there should be a clear rationale, e.g. in preparation for hospital discharge, rather than as a result of a “continue home medications” order.

A concluding principle: Given the current state of the art in diabetes care, patients can't have it both ways. Treating diabetes with intensity sufficient to prevent complications always involves the risk for low blood sugars at some point. The greater the intensity of treatment, the greater is the risk for hypoglycemia. The art of diabetes care involves getting patients to understand this concept and find ways to live with it.

Next time I will talk about how hypoglycemia complicates intensive therapy, and some not so intensive therapy, of type 1 diabetes.

Also, assuming I don't get too caught up in story telling, I will describe how impaired counter regulation, hypoglycemia, and pseudo hypoglycemia enter the picture.



HEALTHIER CHOICES FOR KENTUCKY'S TRAVELERS

KENTUCKY IS FIRST IN THE NATION TO PROMOTE HEALTHIER OPTIONS AT STATE-OPERATED VENDING SITES

Submitted and printed from press release by: Cathy Lindsey, 502-564-9908, cathy.lindsey@ky.gov

Travelers on Kentucky's highways will now be reminded of healthy snack choices they can make at the state's rest areas and welcome centers. The Kentucky Education and Workforce Development Cabinet announced on August 31st the "Kentucky Healthier Highways Partnership."

The initiative is a collaborative effort of the Office for the Blind (OFB), the Tourism, Arts and Heritage Cabinet, the Transportation Cabinet, the Kentucky Alliance of YMCA's and the Humana Foundation aiming to improve the food choices of those traveling on Kentucky's roads.

"Kentucky is the first state in the nation to promote healthier options at state-operated vending sites," said Education and Workforce Development Cabinet Secretary Joseph U. Meyer. "We hope to serve as a model to the rest of the country."

As its first effort, Healthier Highways is placing the YMCA's "Food Fight" posters in every vending site at 23 rest areas and welcome centers across the Commonwealth. These posters highlight healthy food choices at the moment when people are about to make a purchase decision. The messaging on the posters will change seasonally.

Research has shown that these reminders are the best way to help people make decisions that support a healthy lifestyle without restricting their options. Healthier choice snacks currently make up 25 percent of the offerings in vending machines operated by the OFB's Blind Vendors Program.

The Blind Vendors program, operated through OFB's Kentucky Business Enterprises, is one of the leading vending and food service programs in the United States operated by people who are blind. The program trains and certifies individuals as self-employed operators of snack bars, cafeterias and automated vending machines in public and private facilities across Kentucky. The program currently serves 54 vendors.

Kentucky's rest areas and welcome centers are operated through a state agency partnership among the Tourism, Arts and Heritage Cabinet, the Transportation Cabinet and the Blind Vendors program.

This group was approached by the Kentucky Alliance of YMCA's to seek out innovative ways to work together to fight the epidemic of obesity, particularly childhood obesity, in Kentucky.

Kentucky has the seventh highest rate of obesity in the country and the fourth highest rate of childhood obesity. According to the Kentucky Alliance of YMCAs, this costs Kentucky more than a billion dollars in health care expenditures each year, which does not count lost productivity or personal costs to those affected by diabetes, heart problems or high blood pressure.

"Reversing this trend is going to require changes to the environment to facilitate healthier living," said Ben Reno-Weber, executive director of the Kentucky YMCA Youth Association. "It is going to require new ways of thinking about how people make health choices. And it is going to require changes in people's attitudes about food and exercise."

Based on traffic count, the Transportation Cabinet estimates that there are approximately 30 million travelers annually that enter the rest areas and welcome centers.

"This initiative provides a great opportunity to get a positive message out to literally millions of people about the benefits of making healthy choices," said Tourism, Arts and Heritage Cabinet Secretary Marcheta Sparrow.

This is the first step of the Healthier Highways campaign, underwritten by the Humana Foundation. As the partnership awaits new guidance from the Food and Drug Administration, it looks to take further steps to promote healthy living across the state. More information on healthy food choices is available at yfoodfight.com.



**More Information Available
at
yfoodfight.com.**

OFFERED FREE TO DIABETES ADVOCATES

The ***Food Fight*** campaign has grown as more partners around the state are fighting back against unhealthy food messages bombarding our community. Conceived from the internal struggle, or fight, that we all have when making food choices, the YMCA's ***Food Fight*** program demonstrates the value of choosing healthy foods and drinks, to reduce diabetes and heart disease. The ***Food Fight*** program is particularly geared to neighborhoods considered food deserts, or areas where fresh fruits and vegetables are not readily available, and populations that tend to have increased health problems. Using television, radio, print, outdoor and social media tactics, the YMCA ***Food Fight*** program offers simple alternatives to help members of our community make informed decisions about what they eat and drink, and how they can win the ***Food Fight***. You can learn more about winning the ***Food Fight*** by going to www.yfoodfight.com

ELECTRONIC YMCA FOOD FIGHT MATERIALS

**AVAILABLE TO DIABETES
ADVOCATES**

CONTACT: MIKE BRAMER 502-582-3615
MBRAMER@YMCALOUISVILLE.ORG



KENTUCKIAN HONORED WITH AADE's 2011 ADVOCACY AWARD

The American Association of Diabetes Educators (AADE) announced the selection of Logan Nicole Gregory for its 2011 Advocacy Award. Gregory received the award in August at the association's annual meeting in Las Vegas, Nevada. The award recognizes an AADE member, volunteer or other person that has made significant contributions to AADE advocacy and legislative efforts. The award was presented by Paul Madden (pictured below), chair of the AADE Foundation board of directors.

Gregory was singled out for her contributions to the licensure of diabetes educators in the state of Kentucky, her commitment to advocate on behalf of people with diabetes at the state and federal level, and her support of diabetes educators and AADE's advocacy mission.

"This extraordinary young woman tells her personal story in a way that all who hear her can understand the daily challenges she and her family face every day," says AADE Chief Advocacy Officer Martha Rinker, JD. "She is able to succinctly illustrate how a qualified diabetes educator has helped give her family the information and coping skills needed to assist Logan in her life journey."

Gregory, a 16 year old who has had diabetes for 14 years, serves as an inspiration to other youth with diabetes, and adults too. "Diabetes is an obstacle, but it has taught me to take care of myself and to never let anyone or anything stand in my way," she says.



Logan Gregory, left, received the 2011 National AADE Advocacy Award from Paul Madden, right, Chair of the AADE Foundation Board of Directors

BD INSULIN SYRINGE SCALES ARE CHANGING

Submitted by: Christine Hanshaw, RN, BSN, CDE, Diabetes Center of Excellence, Team Leader, Barren River District Health Department, Bowling Green, KY

The BD insulin syringe scale is changing. Be sure to keep this in mind when educating your diabetes patients about insulin injections. A patient may become confused because the syringe scale may look different than what they used in the past.

To learn more about the "new look", please go to the website: <http://www.bd.com/us/diabetes/hcp/main.aspx?cat=3067&id=63119>.

In keeping with the latest healthcare guidelines, all BD Ultra-Fine Insulin Syringe scales will change to also include mL (milliliter), the universal liquid measurement

NEW Scale



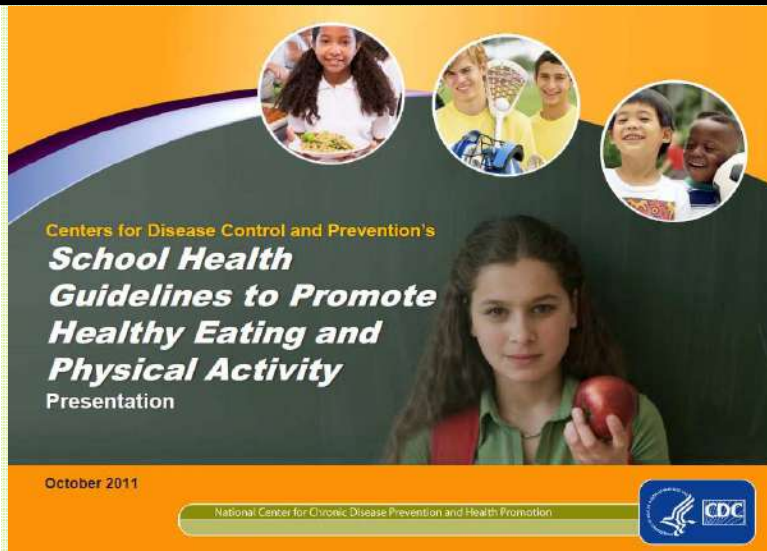
OLD Scale



Example shown is a 0.5 mL/cc scale.
Changes will apply to all
insulin syringe scale capacities.

HOT OFF THE PRESS! **NEW TOOL FOR DIABETES PREVENTION EFFORTS**

NEW AADE WHITE PAPER ON INSULIN INJECTIONS AND UPDATED POSITION STATEMENTS NOW AVAILABLE



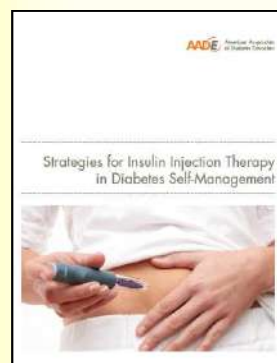
To help inform education and health professionals about the *School Health Guidelines to Promote Healthy Eating and Physical Activity*, CDC has developed a free PowerPoint® presentation and accompanying materials that can be downloaded for public use. **These new materials may be especially helpful to diabetes educators in diabetes prevention efforts.**

The [public-use materials](#) include:

- [School Health Guidelines to Promote Healthy Eating and Physical Activity](http://www.cdc.gov/healthyyouth/npao/strategies.htm) found at <http://www.cdc.gov/healthyyouth/npao/strategies.htm>.
- [Executive Summary](http://www.cdc.gov/healthyyouth/npao/pdf/) of the report found at <http://www.cdc.gov/healthyyouth/npao/pdf/>.
 1. A [PowerPoint® presentation](#) on implementing the *Guidelines* (with narrator notes and talking points for each slide) to be used in meetings, continuing education programs, train-the-trainer programs, and conferences found at <http://www.cdc.gov/healthyyouth/npao/pdf/presentationSlides.ppt>
 2. A [Facilitator's Guide](#) for the PowerPoint® presentation including handouts and step-by-step instructions for delivering the presentation and implementing professional development activities
 3. [Frequently Asked Questions](#) (FAQs) for the PowerPoint® presentation and the other materials is also available.

In 2011, AADE convened a multidisciplinary expert panel to propose guidelines for insulin injection therapy. The panel examined best practices and explored effective problem solving for patients who have difficulty with insulin injections.

Among the topics addressed were insulin absorption, pain at injection sites, safety, barriers to insulin therapy, and teaching techniques for various populations. A white paper was developed based on the panel's discussion. View the white paper at http://www.diabeteseducator.org/export/sites/aaade/resources/pdf/research/AADE_MedEd.pdf.



In addition, several position statements have also been updated and revised this year to reflect current research and evidence and include (go to http://www.diabeteseducator.org/ProfessionalResources/position/position_statements.html):

- [AADE7™ Self-Care Behaviors](#)
- [Community Health Workers Position Statement](#)
- [Healthy Eating: Incorporating Nutritional Management into Lifestyle](#)
- [Diabetes and Disabilities](#)
- [Diabetes and Physical Activity](#)
- [Standards for Outcomes Measurement of Diabetes Self-Management Education](#)

AADE'S KENTUCKY COORDINATING BODY AND LOCAL NETWORKING GROUPS BEGIN RESTRUCTURING

A STATE COORDINATING BODY of the

A LOCAL NETWORKING GROUP of the



Diabetes educator groups in Kentucky, the *Diabetes Educators Cincinnati Area DECA*, the *Greater Louisville Association of Diabetes Educators GLADE*, the *Kentucky Association of Diabetes Educators KADE*, and the *Tri-State Association of Diabetes Educators TRADE*, have begun a restructuring process as part of the American Association of Diabetes Educators (AADE). Kentucky will now have one Coordinating Body (CB) with several Local Networking Groups (LNG's) located throughout the state.

The four diabetes educator groups covering parts of KY will now be called Local Networking Groups (LNG's) instead of chapters. Three out of the four LNG's that cover parts of KY (GLADE, KADE, and TRADE) will work directly under the Kentucky CB while DECA will become part of the Ohio CB. However, DECA leaders have said they are committed to maintaining close collaboration and ongoing projects with the KY CB and the KY LNG's.

Several conference calls and meetings between the Kentucky groups continue to occur as details of the reorganization are being worked through. AADE staff most recently worked with the KY LNG's to develop a mechanism to track each LNG's monies separately even though they are part of one state coordinating body.

To learn more go to: <https://www.diabeteseducator.org/Members/myaadenetwork/>



KENTUCKIANS PRESENT AT 2011 NATIONAL DIABETES MEETING

Several Kentucky diabetes educators presented at the 2011 American Association of Diabetes Educators (AADE) annual meeting held in Las Vegas in August. Kentucky presenters and their presentation topics included:

That's Entertainment: Putting Pizzazz in Your Presentation by Mechelle Coble, MS, RD, LD, CDE, and Janey Wendschlag, RN, BSN, Regional Diabetes Coordinators with the Kentucky Diabetes Prevention and Control Program of the Lincoln Trail District Health Department and the Lexington Fayette County Health Department, respectively;

The ABCs and Grassroots of Diabetes Educator Advocacy and Licensure Legislation by Kim Coy DeCoste, RN, MSN, CDE, Nurse Manager, Diabetes Center of Excellence, Madison County Health Department and Logan Gregory, the 2011 National AADE Advocacy Award winner (along with other panel presenters);

How to Construct a Realistic Pre-Diabetes Education Class by Kathleen Stanley, RD, CN, LD, MSEd, BC-ADM, CDE, Diabetes Education Coordinator, Central Baptist Hospital, Lexington, KY;

Coordinating Care: How to Apply the Patient-Centered Medical Home to Your Practice by Kim Coy DeCoste, RN, MSN, CDE, Nurse Manager, Diabetes Center of Excellence, Madison County Health Department (along with other panel presenters);

Poster Session Models of Care by Deb Fillman RD, LD, CDE, District Director of the Green River District Health Department (along with Karen Fitzner and Lana Vukovljak).





MATERIALS AVAILABLE FOR USE YEAR-ROUND!



The International Diabetes Federation World Diabetes Day campaign calls on all those responsible for diabetes care to understand diabetes and take control.

- For people with diabetes, this is a message about empowerment through education.
- For governments, it is a call to implement effective strategies and policies for the prevention and management of diabetes to safeguard the health of their citizens with and at risk of diabetes.
- For healthcare professionals, it is a call to improve knowledge so that evidence-based recommendations are put into practice.
- For the general public, it is a call to understand the serious impact of diabetes and know, where possible, how to avoid or delay diabetes and its complications.

Materials are available at <http://www.idf.org/worlddiabetesday/material>



2011 KENTUCKY DIABETES FACT SHEET

NOW AVAILABLE

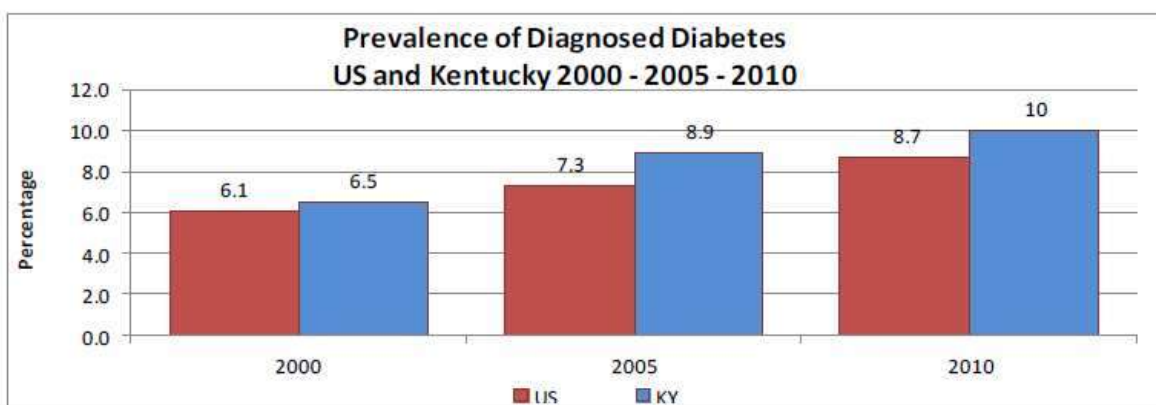
2011 Kentucky Diabetes Fact Sheet

Kentucky Diabetes Prevention and Control Program

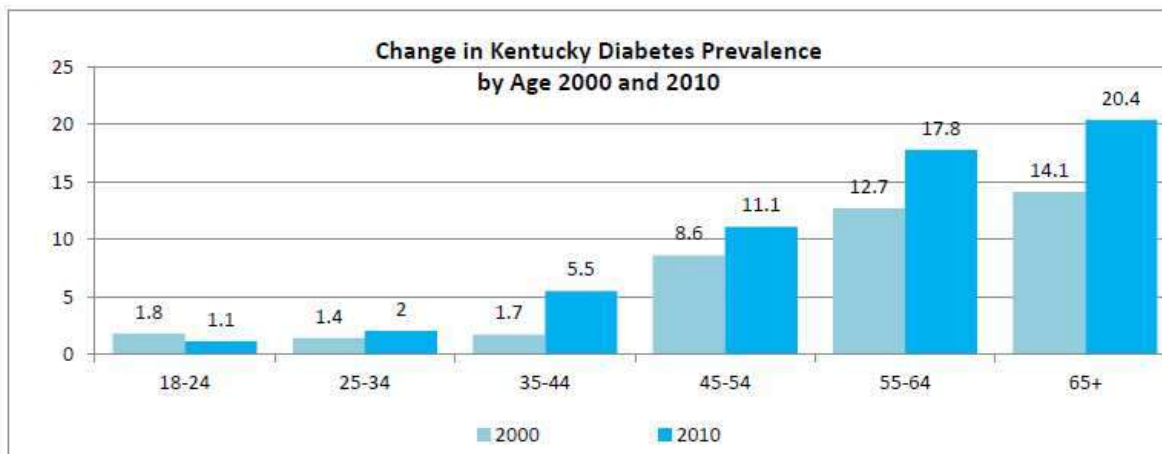
Updated October 2011

Diabetes is Common in Kentucky – and becoming more common!

- The burden of diabetes in Kentucky and in the nation is large and growing. In 2000, only 6.1% of Kentuckians had been diagnosed with diabetes compared to a rate of 6.5% nationwide. As of 2010, 370,000 or 10% of Kentuckians are estimated to have diabetes compared to 8.7% of adults nationwide.
- Sixty-eight of Kentucky's 120 counties fall within the "diabetes belt" with county level rates between 11% and 12.6%. Forty-eight counties just missed the cutoff for the diabetes belt designation with calculated rates of 10.9% to 10% and the remaining 4 counties had rates from 9.9% down to 9.3%.



- Diabetes is becoming more prevalent among younger adults. In 2000, fewer than 2% of Kentuckians aged 35-44 had been diagnosed with diabetes, but by 2010, that number had more than tripled to a rate of 5.5%.
- Diabetes is also becoming far more common among older adults who have traditionally experienced higher rates of diabetes. In 2000, 14% of those 65 and older had diabetes compared to 20% in 2010.



For copies of the newest KY Diabetes Fact Sheets go to the state diabetes website at www.chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm (click on fact sheets) or call 502-564-7996 (ask for the diabetes program).

Why is diabetes becoming more common?

- Many Kentuckians are at immediate risk of developing diabetes due to **high rates of obesity** (32% of Kentucky adults) and **low rates of physical activity** (30% of Kentucky adults are inactive). In addition, those with high blood pressure or high cholesterol are at an increased risk for developing diabetes. In Kentucky, **36% of adults have high blood pressure** and **42% report high cholesterol levels**. (2009 BRFSS)
- In Kentucky, about **59% of adults have been tested for diabetes** in the past 3 years. Of those, **7% have been diagnosed as having "prediabetes"**, meaning that their blood sugar levels are above normal, but not yet high enough to be considered diabetes. This translates to about **233,000** Kentuckians being diagnosed as having **prediabetes**. **Most of those with prediabetes will develop full blown diabetes** if they and their doctor do not take action to slow or halt the progression of the disease, thus contributing to the increase in diabetes prevalence.

| Kentucky Rate of diabetes screening in the past 3 years | | | | | | | |
|---|-------|-------|-------|-------|-------|-----|-------|
| Age | 18-24 | 25-35 | 35-44 | 45-54 | 55-64 | 65+ | Total |
| 2010 | 33% | 52% | 56% | 64% | 68% | 72% | 59% |
| Kentucky Rate of Prediabetes Diagnosis | | | | | | | |
| Age | 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | Total |
| 2010 | 4% | 5% | 5% | 9% | 11% | 11% | 7% |

What are the Impacts of Diabetes?

| Diabetes Leads to Serious Complications! | Diabetes is Very Costly! |
|--|---|
| <p>In 2009, 19% of all hospitalizations (114,977) were related to diabetes.</p> <ul style="list-style-type: none"> 2,567 hospitalizations for Diabetic Ketoacidosis 1,222 lower extremity amputations 8,446 hospitalized for stroke 39,332 hospitalized with ischemic heart disease 23,328 hospitalized with congestive heart failure 15,605 Emergency Room visits | <p>The American Diabetes Association has calculated the cost of diabetes in Kentucky to be:</p> <p>Medical Cost of Diabetes: \$1,340,000,000</p> <p>Lost Productivity: \$702,500,000</p> <p>Total Cost: \$2,043,000,000</p> |

How does Diabetes Care in Kentucky Measure up?

- Appropriate care from physicians and self care by people with diabetes is vital for improving the lives of people with diabetes and controlling the costs of this serious disease. Kentucky compares favorably to the US overall in key measures of diabetes care with the exception of those who have had self management education – a vital piece of the diabetes care puzzle!

| Reported Rate of Diabetes Care Practices Among Adults with Diabetes, Kentucky and US (3 year averages from CDC) | | | | | | | |
|---|---------|---------|---------|---------|---------|---------|---------|
| Preventive Care Practice | KY 2004 | KY 2005 | KY 2006 | KY 2007 | KY 2008 | KY 2009 | US 2009 |
| 1 or more MD Visits for Diabetes | 92% | 91% | 91% | 91% | 90% | 90% | 85% |
| Received a Professional Foot Exam | 64% | 66% | 66% | 68% | 66% | 67% | 67% |
| Annual Dilated Eye Exam | 69% | 70% | 68% | 65% | 62% | 61% | 63% |
| Received 2 or more A1C's Past Year | 73% | 73% | 73% | 73% | 74% | 73% | 69% |
| Received a Flu Shot Past Year | 52% | 50% | 53% | 57% | 59% | 58% | 50% |
| EVER Received a Pneumonia Shot | 46% | 48% | 49% | 53% | 55% | 56% | 43% |
| Performs Daily Self Foot Exam | 83% | 82% | 82% | 78% | 73% | 70% | 61% |
| Daily Self Blood Glucose Monitoring | 66% | 67% | 69% | 69% | 69% | 69% | 62% |
| EVER had Self Management Education | 46% | 48% | 48% | 49% | 49% | 49% | 56% |

ABOUT CAMP HENDON...

2012 KY DIABETES CAMP DATES SET!

Submitted by Vasti Broadstone, MD, Endocrinologist, Chair of the KY Diabetes Camp Board

The Kentucky Diabetes Camp for children and teens will be held July 1-6 in Grayson County at Camp Loucon, 8044 Anneta Road, Leitchfield, KY

The Kentucky Diabetes Camp for Children, Inc. Board wishes to thank everyone who helped make the 2011 Camp Hendon session a great success. It would not have happened without those of you in the KY medical community who helped us spread the word about camp dates, facilitated applications, and helped us reach our fundraising goals!

Created in October 2010, so we could continue to serve the KY area children with diabetes, we embarked on an adventure new to all of us: full ownership of the operations and mission delivery for Camp Hendon. We partnered with the Center for Courageous Kids in Scottsville, KY and what seemed improbable happened!

We were able to raise the donations required to provide one week of camping experience for nearly 100 children with diabetes ages 8 to 17 years. The campers had a great time with all the dining hall post meal time dancing, swimming, horseback riding, all in a state of the art facility under the guidance of an incredibly enthusiastic staff. During the Talent Show, one of our campers expressed in a poem what our past campers know to be true about Camp Hendon (see Jordan's poem, "Here" on page 15 and view her video at:

www.poem.camphendon.com

For the 2012 session, we have secured Camp Loucon in the Leitchfield, KY area, more centrally located to accommodate the majority of our campers and staff. We continue to fund-raise year round. Our most immediate needs are for people to help share the work and contribute their talents and donations.

Our next steps are to formalize our fundraising initiatives, recruit our volunteer staff, and begin to promote the 2012 season. As an all volunteer organization it is a monumental task with the six board members spread across 5 cities and three states. We are reviewing camp software packages designed to streamline the documentation and application process -- a gigantic undertaking for our board members with "other" full time jobs.



We are especially looking for CDE's / nurses / dietitians / physicians who can commit to be at camp the full week and serve as medical staff. Volunteer staff with diabetes, both males and females, who are able to commit to the entire week are also needed for adult counselors / role models.

We welcome ideas for activities, fundraisers and grants to help make the 2012 Camp Hendon a great success!



Kentucky campers who have diabetes enjoy activities at the 2011 Kentucky Diabetes Camp Hendon

The KDCFC Board Members include:

*Bryan Fallon, President;
Vasti Broadstone, MD, Chair of the Board;
Joshua Goldman, Secretary;
Maggie Cook-Newell, PhD, RD, LD, CDE, Treasurer;
Mechelle Coble, RD, LD, CDE, Member at Large;
Lisa Ullrich, RD, CDE, Member at Large.*

PLEASE CONSIDER HELPING US.

**Save the 2012 Dates!
July 1st to 6th**

**www.camphendon.com
info@camphendon.com**

“HERE” A POEM ABOUT CAMP HENDON



*“Here” a poem written
about Camp Hendon
by Jordan Batts
during the
2011 Camping Session*

Here...
I don't have to hide.

Here...
I am not alone.

Here...
*I can be who I want to be,
not who others want me to be.*

Here...
I am happy.

Here...
I am loved.

Here...
*Is my favorite place on earth...
Camp Hendon!*

Here...
I have the best memories of my life.

Here...
Is everything I hold dear.

Here...
*I can be myself,
and not have to worry about what others
think.*

Here...
I am not different.

Here...
I am not “the diabetic”.

Here...
I am Jordan.

Here...
I am accepted for me, not my disease.

Camp Hendon! The Best Place on Earth!



KET EXPLORES DIABETES IN KENTUCKY!



**Explore Kentucky's important health
issues by watching
KET's Health Three60.**

**In the premiere episode, the crisis of
diabetes in Kentucky was explored.
Many counties in KY are part of a
national “diabetes belt” with rates of
diabetes 11 percent or higher.**

**The human toll and financial
implications of diabetes are enormous
— with as much as 25 percent of
Kentucky's Medicaid budget going
toward treating the complications of
type 2 diabetes.**

**View the discussion of this rising
health problem and share hopeful
news about diabetes management and
prevention strategies.**

**View *Health Three60: The New Face
of Diabetes* on the KET website
[http://www.ket.org/health/
healththree60-diabetes.htm](http://www.ket.org/health/healththree60-diabetes.htm)**

*This program was funded, in part, by a grant from the
[Foundation for a Healthy Kentucky.](#)*

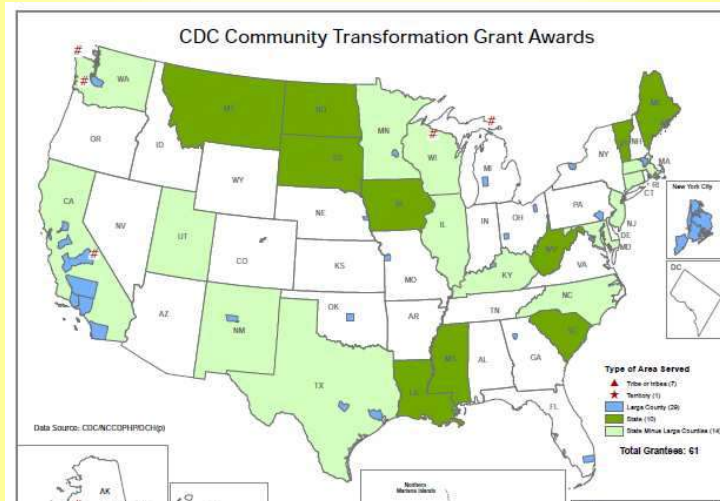
TWO KENTUCKY ENTITIES RECEIVE NATIONAL GRANTS

Two entities in Kentucky received a Community Transformation Grant (CTG) from the U.S. Department of Health and Human Services to support community-level efforts to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes. By promoting healthy lifestyles, especially among population groups experiencing the greatest burden of chronic disease, these grants are expected to help improve health, reduce health disparities, and control health care spending.

Approximately \$103 million in prevention funding was awarded to 61 states and communities serving approximately 120 million Americans. The Kentucky Entities to Receive Grants include:

- The Louisville Metro Department of Public Health and Wellness in **Kentucky** is receiving a \$721,594 Implementation Grant to serve Jefferson County with an estimated population of over 740,000. Work will focus on expanding efforts in tobacco-free living, active living / healthy eating, quality clinical / preventive services, and healthy / safe physical environments.
- The Unlawful Narcotics Investigation Treatment Education, Inc. (UNITE) in **Kentucky** is receiving a \$500,000 Capacity Building Grant to support healthy lifestyles in the entire state of Kentucky (minus specific large counties). Work will target tobacco-free living, active living / healthy eating, quality clinical / preventive services, social / emotional wellness, and healthy / safe physical environments.

For more information: <http://www.cdc.gov/communitytransformation/index.htm>



Mark Your Calendars!

2012 TRADE Workshop

Making an Impact on the Diabetes Epidemic

May 11, 2012



**Connecting the Family:
An ADA
Family Link® Day!**



**Sunday • November 20, 2011
12:30—4:30 p.m.
Embassy Suites Lexington
1801 Newtown Pike • Lexington, KY • 40511**

*Free for children with diabetes,
and their families.*

**Lunch Included
RSVP Required**

Thank You Supporters:



**FREE for children
with diabetes and
their families**

November 20, 2011



**Features: Racing to
the Finish Line with
Ironman
Triathlete
Jay Hewitt**

**RSVP by
November 14, 2011
859-268-9129
ledwards@diabetes.org**

KY Statewide Diabetes Symposium 2011

Save the Date!

| November 2011 | | | | | | |
|---------------|----|----|----|----|----|----|
| Su | Mo | Tu | We | Th | Fr | Sa |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

*** Friday, November 18, 2011 ***

Application will be made for CEUs for Nurses, Dietitians, Pharmacists, and other Healthcare Professionals, as well as hours for CDE

Location: Lexington, KY

Registration forms available in July

This symposium is being organized by
**Kentucky Local Networking Groups of the
American Association of Diabetes Educator's (AADE)**



Diabetes Educators of the Cincinnati Area (DECA)
Greater Louisville Assn. of Diabetes Educators (GLADE)
Kentucky Assn. of Diabetes Educators (KADE)
Tri-State Assn. of Diabetes Educators (TRADE)



Kentucky Diabetes Network

Kentucky Diabetes Prevention & Control Program

For additional information regarding this program, please contact:
Julie Shapero RD, LD (859) 363-2116 (julie.shapero@nkyhealth.org)
Or

Janice Haile RN, CDE (270) 686-7747 Ext. 3031 (janice.haile@ky.gov)



DIABETES MANAGEMENT Workshop



Community College

HIGHER EDUCATION BEGINS HERE

**Fine Arts Center
Stagg Room**

2660 S. Green Street

December 7, 2011
8:30 a.m. - 3:15 p.m.

Free Program Sponsored by:
Henderson Community College
Henderson County Diabetes Coalition
Tri-State Association Diabetes Educators (TRADE)

**FREE Diabetes Program
SPACE LIMITED!**

**FREE CEUs, lunch, and
snacks funded through a
grant from Novo Nordisk.**

**Henderson Community
College
2660 S. Green Street
Henderson, KY 42420**

**Registration Deadline
November 23, 2011**

**To register, go to
www.mycecenter.com**

**Questions contact :
Janet Meyer MSN, RN,
CWCN, CFCN, CDE (270)
831-9754 or Dianne Siewert
MSN, RN (270) 831-9741.**

EDUCATIONAL OFFERINGS



Conversation Maps Facilitator Training Coming Soon To Kentucky

**Marriott Griffin Gate
January 10, 2012 (Tuesday)
6-9 pm
1800 Newtown Pike
Lexington, KY 40511**

A light dinner will be served

**Register NOW at
www.journeyforcontrol.com**

For more information, contact: Kelly Holland with Merck at kelly_holland@merck.com

NEW DATA AND TOOLS

*from the Centers for Disease
Control & Prevention*



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People. Saving Money through Prevention.

LOUISVILLE FEATURED IN NEW CDC VIDEO

NEW tools are now available on the CDC *Data to Action* website! The CDC is making key data more accessible to promote policy, system, and environmental changes to improve health. Data is the foundation and driver of decision making and program delivery.

Sortable Stats

<http://wwwn.cdc.gov/sortablestats/>

- **An interactive data set of 20 behavioral risk factors & health indicators**
- **State-level data for all 50 states and Washington D.C.**
- **Links to Vital Signs, MMWR, NCHS Vital Statistics, and Health Indicators Warehouse**

Policy Implementation Analyses

<http://www.cdc.gov/program/data/policyanalyses/index.htm>

- **State-level information about adoption of policy best practices**
- **Downloadable tables of analysis of state policy interventions and in-depth data for some “winnable battle” health indicators**

Burden Assessments

<http://www.cdc.gov/program/data/burdenassessment/index.htm>

- **Data identifying the extent to which each state contributes to the national public health burden.**
- **PowerPoint slides available**

Louisville is featured in a new video from the CDC’s Division of Diabetes Translation (DDT). The video shows how “lifestyle change” classes are helping people with prediabetes prevent or delay the onset of type 2 diabetes. The video, *A Change for Life*, focuses on participants and coaches in a “lifestyle change program” that is part of the CDC-led National Diabetes Prevention Program.

Filmed at a YMCA in Louisville, the video offers an inspirational message about how lifestyle changes can improve health, and how health care providers can help their patients by referring them to an effective intervention. The National Diabetes Prevention Program is modeled after the Diabetes Prevention Program (DPP) research trial, led by the National Institutes of Health (<http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/>).

The inaugural partners of the National Diabetes Prevention Program are the YMCA of the USA and UnitedHealth Group. Currently there are 178 sites in which the YMCA offers lifestyle intervention classes.

To view the video, go to www.cdc.gov/CDCTV/ChangeForLife/index.html.

For more information on the National Diabetes Prevention Program, go to www.cdc.gov/diabetes/projects/prevention_program.htm and <http://www.dttac.org/diabetesprevention/index1.html>.



KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, go to <http://kadenet.org/> or contact:

Dee Deakins deeski@insightbb.com or

Diane Ballard dianeballard@windstream.net

Details: go to <http://kadenet.org/>

KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

Diabetes Day at the Capitol — February 9, 2012

2012 Meeting Dates (10 am – 3pm EST)

March 2, 2012 *History Center, Frankfort, KY*

June 15, 2012 *Central Baptist Hospital, Lexington, KY*

September 14, 2012 *Shelby Campus, Louisville, KY*

December 7, 2012 *History Center, Frankfort, KY*

DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Pam Doyle at pdovle5@its.jnj.com or call 877-937-7867 X 3408. Meetings are held in Cincinnati four times per year at the Good Samaritan Conference Center unless otherwise noted.

Registration 5:30 PM — Speaker 6 PM

1 Contact Hour — *Fee for attendees who are not members of National AADE*

GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the second Tuesday every other month. Registration required. For a meeting schedule or to register, contact Vanessa Paddy at 270-706-5071 Vpaddy@hnh.net.

TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN/Southeastern IL meets quarterly from 10–2:15 pm CST with complimentary lunch and continuing education. To register, call (270) 686-7747 ext. 3019 or email Nancy Walker at nancy.walker@grdhd.org.

**FREE Diabetes Management Workshop
(held as a TRADE regular meeting)**

December 7, 2011

Henderson Community College (LIMITED SEATING)

Contact Janet Meyer 270-831-9754

**TRADE 2012 Workshop
May 11, 2012**

**Henderson Community College Fine Arts Center
2660 Green Street
Henderson, KY 42420**

Regular Programs

Date: Thursday, July 19, 2012
Location: Madisonville Trover Clinic
Madisonville, KY

Date: Thursday, October 18, 2012
Location: Deaconess Gateway Hospital
Newburgh, IN

ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact Vasti Broadstone, MD, phone 812-949-5700 email joslin@FMHHS.com



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YMCA Diabetes Prevention Program

For more information, please contact:

Louisville, Kentucky:
Diabetes Prevention Program Coordinator
Erin Brown 502-314-1613
preventdiabetes@ymcalouisville.org


Central Kentucky:
Diabetes Prevention Program Coordinator
Keoka Caulder 859-367-7333
Ddean@ymcaofcentralkentucky.org or kcaulder@ymcaofcentralky.org

Contact Information



American Diabetes Association®
Cure • Care • Commitment®

www.diabetes.org
1-888-DIABETES



TRADE
Tri-State Association
of Diabetes Educators


AN OFFICIAL CHAPTER OF THE
AADE American Association
of Diabetes Educators



KDN
KENTUCKY DIABETES NETWORK, INC.

www.kentuckydiabetes.net

KENTUCKY ASSOCIATION
of DIABETES EDUCATORS



Bluegrass / Eastern Chapter
A Chapter of AADE

www.kadenet.org



www.louisvillediababetes.org



Kentucky
UNBRIDLED SPIRIT

<http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm>



Juvenile Diabetes Research Foundation International


dedicated to finding a cure

www.jdrf.org/chapters/KY/Kentuckiana
1-866-485-9397



Diabetes Educators Cincinnati Area

AN OFFICIAL CHAPTER OF THE
AADE American Association
of Diabetes Educators



American Association of Clinical Endocrinologists
Ohio River Regional Chapter

www.aace.com

Kentuckiana Endocrine Club
joslin@fmhhs.com

NOTE: Editor reserves the right to edit for space, clarity, and accuracy.